



The Staunton-Augusta County First Aid & Rescue Squad, Inc.

1601 N. Coalter Street
Staunton, VA 24401

540-885-3444
Fax. 540-885-1032

<http://stauntonrescue.org/>

— *Providing Emergency Services Since 1938* —

Dear Applicant,

Thank you for your interest in the Staunton-Augusta County First Aid & Rescue Squad, Inc. We are excited that you want to be a part of serving your community by providing emergency pre-hospital care to the citizens of Staunton and Augusta County. Completion of this packet is the beginning of the process of you becoming a volunteer with our organization.

In order for you to be a member, you must complete the following steps.

- € Complete the application form. If you are a junior applicant (age 16-21), please note the additional signature requirements on the back of the application.
- € Give the three reference information forms to people who are familiar with your character and work habits. Please have the person mail the form directly to us.
- € Complete the driving record request letter and take it to the DMV. They will give you a copy of your driving record to bring to us.
- € Obtain a finger print form for the Rescue Squad, take the form to the Augusta County Sheriff's Office, during the hours on the form, to get fingerprinted. Bring the fingerprint form back the squad so the prints can be mailed to the Office of EMS.

Once we have received your application, driving record, and finger print results, we will contact you to schedule an interview. If you are a junior applicant, you will need to have a parent or guardian attend the interview with you.

We look forward to meeting you and if you have any questions, please do not hesitate to contact us.

Sincerely,

PScott

Patrick Scott
President

KCraig

Kim W. Craig
Executive Director

*Mission: To Provide The Best Prehospital Emergency Care to Citizens of Staunton & Augusta County
501(c) (3) Organization. Please remember us in your estate plans.*



The Staunton-Augusta County First Aid & Rescue Squad, Inc.

1601 N. Coalter Street

540-885-3444

Staunton, VA 24401

Fax. 540-885-1032

<http://stauntonrescue.org/>

— *Providing Emergency Services Since 1938* —

Department of Motor Vehicles

All applicants to the Staunton-Augusta County Rescue Squad are required to submit an official copy of their current DMV transcript for our insurance purposes and to meet the Virginia EMS regulations.

The applicant is to provide to DMV a photocopy of their driver license.

Name: _____

Address: _____

Driver's License Number: _____

Kim W. Craig _____

Kim W. Craig

Executive Director

Staunton-Augusta County Rescue Squad

Mission: To Provide The Best Prehospital Emergency Care to Citizens of Staunton & Augusta County

501(c) (3) Organization. Please remember us in your estate plans.



The Staunton-Augusta County First Aid & Rescue Squad, Inc.

1601 N. Coalter Street
Post Office Box 2566
Staunton, Virginia 24402-2566

540-885-3444
Fax 540-885-1032

—Providing Emergency Services Since 1938—

Mission Statement: To provide the best pre-hospital care to the citizens of Staunton and surrounding Augusta County.

Thank you for your interest in our volunteer organization!

Your application will be reviewed by our membership committee. We will also schedule an appointment for an interview. Junior Squad applicants will be asked to bring a parent, or their guardian, along for the interview. The authorization to do a criminal history investigation needs to be signed by you (in front of a Notary) and returned to the squad. Also, a copy of your driver transcript from DMV must accompany application.

Once everything is completed and your references checked, the Executive Committee votes on your application at the next meeting. Our probationary period is at least six months. Thanks again for your interest!

Please call if you have any questions.

Name: _____ Application Date: _____

Address: _____ Telephone: H _____

City _____ State _____ Zip _____ W _____

Date of Birth: _____ Cell: _____

Email: _____ Education: Highest Grade Completed: _____

Times Available for Duty: _____ 6 A.M.-6 P.M. _____ 6 P.M.-6 A.M.

Are you now, or have you been in the past affiliated with any Fire or Rescue Agency? _____ yes _____ no

Name of Organization: _____

If yes, may we contact the Captain or Chief of the organization? _____ yes _____ no

Have you ever been convicted of a law violation(s), including moving traffic violations? _____ yes _____ no

If yes, list all and explain _____

Present Employer: _____ Position Held: _____

Employer's Address: _____ Phone: _____

References:

1. Name _____ Phone _____

City _____ State _____ Zip _____

2. Name _____ Phone _____

City _____ State _____ Zip _____

3. Name _____ Phone _____

City _____ State _____ Zip _____

How did you hear about The Staunton-Augusta Rescue Squad or who referred you? _____

Do you know anyone affiliated with the squad? _____

Use this space for any additional information that you think would help us evaluate your application, including training, seminars, workshops, special achievements, or specialized skills: _____

Explain below why you wish to become a member of the Staunton-Augusta Rescue Squad:

When would you be available to begin duty? _____

Must Be Completed by Junior Applicants Only

Statement of School Principal, Teacher, or Counselor:

I am acquainted with the above named student and know him or her to be of good moral character, he or she maintains satisfactory academic grades, and feel that he or she would make a good member of the Junior Squad.

Signed: _____

Statement of Parent or Guardian Consent:

I hereby grant permission for my son/daughter/ward to become a member of the Junior Squad and agree to hold Staunton-Augusta First Aid and Rescue Squad, Inc. blameless of any injury he or she might sustain in his or her training or performance of duties.

Signed: _____

Statement of Applicant:

If accepted as a probationary member of the Junior Squad, I pledge to uphold the high traditions of the Staunton-Augusta First Aid and Rescue Squad, Inc., to apply myself, to learn, and apply the principles of First Aid to the ill and injured, and to obey the rules of the organization and officers.

Signed: _____

I hereby certify that all entries on both sides of this application are true and correct. I also understand that all information is subject to verification and give my consent for representatives of The Staunton-Augusta Co. First-Aid and Rescue Squad to check such information that I have presented. I further authorize the use of such information received for consideration of membership.

Applicant Signature _____ Date _____

Checklist:

DMV Record Completed Application Signed/notorized criminal history information form

_____ (Applicant's name) has applied for volunteer membership with the Staunton-Augusta Rescue Squad. In order for the Staunton-Augusta Rescue Squad to continue to provide outstanding pre-hospital care to the citizens we serve, our members must be reliable, trustworthy, and able to function as part of a team.

Reference Information

Name _____

Address _____

City _____ Zip _____

Phone _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

	Below Average	Average	Good	Outstanding	Unable to Judge
Integrity					
Motivation					
Self-Confidence					
Reliability					
Trustworthiness					
Ability to work as a team					

Would you recommend applicant to provide pre-hospital care for patients? _____

Please add additional comments concerning ability and character that would help Staunton-Augusta Rescue Squad assure this applicant is suited for membership.

Signature _____ Date _____

Please mail completed form to: Staunton-Augusta Rescue Squad
 Attention: Membership Committee
 1601 North Coalter Street
 Staunton, VA 24401

Thank you for your assistance in our application process!

Staunton-Augusta Rescue Squad Fingerprint Form

1601 North Coalter St. Staunton, VA 24401

EMS Licensed Agencies

Agency Section:

Agency Name:	Staunton-Augusta Rescue Squad
Agency Address:	1601 North Coalter St Staunton, VA 24401
Agency Authorized Person Signature:	Angela Kuremsky
Agency Authorized Person Email Address:	akuremsky@stauntonrescue.org
Date:	

Applicant Section:

Name of Person Applying for Membership:	
---	--

Take this form and picture Identification to:

Monday-Friday-7:30AM-12:00PM and 1:00PM-3:00PM only

Augusta County Sheriff's Office

127 Lee Highway

Verona, VA 24482

Please return the fingerprint card and form to the Staunton-Augusta Rescue Squad

DO NOT BEND FINGERPRINT IDENTIFICATION CARD

New Applicant Internal Tracking Form

Fingerprinting and Criminal History Checks

New Applicant Info:

Name	
Date	
Address	
Address	
Contact #	
Email	

Criminal History/Fingerprint Info:

Date Applicant Received Form	
Date Fingerprints Mailed to OEMS	
Date Received from OEMS-Approved/Not Approved	

Keep this document in individual personnel file.

2/2015-FORM SARSFF

DO NOT BEND FINGERPRINT IDENTIFICATION CARD

2/2015-FORM SARSFF